

CLINICAL STUDY ON MECHANICAL AND ADYNAMIC

INTESTINAL OBSTRUCTION IN ADULTS

INTRODUCTION :

Intestinal obstruction is defined as a failure in the downward passage of intestinal contents either due to a mechanical occlusion or from a fault in propulsive mechanism.

Intestinal obstruction is one of the most common problems faced by the general surgeons.

- The earliest recorded observation for intestinal obstruction was performed by Praxagoras (350 B.C.) who created an enterocutaneous fistula to relieve the obstruction.
- However non-operative treatment has remained the general rule, including reduction of hernias, opium for pain, orally administered mercury or lead shot in an attempt to open up the occluded bowel, electrical stimulation and gastric lavage.
- Intestinal obstruction both Mechanical and Adynamic is an enigma with its versatile presentation and wide spectrum of treatment options available.
- Intestinal obstruction poses a dynamic challenge for the general surgeons to treat as the parameters change as the clock ticks on. TIME means everything and delay in the diagnosis or management increases the mortality.
- With a wide range of conditions known to cause the Obstruction, the Surgeon should be well aware of the commonest causes in the geographical region of the presentation.

- Keeping with these principles, the study hopes to discuss the etiological factors, clinical presentations and the most common causes. Our study focuses on using the basic diagnostic modalities for further diagnosis.

This study presents an Overall view on Mechanical and adynamic Intestinal Obstruction in Adults

Objectives of the study

1. To study the incidence of intestinal obstruction due to mechanical and adynamic causes.
2. To study the clinical presentation of intestinal obstruction.
3. To study the various etiological factors involved.

Materials and methods

- (a) Study design: Descriptive observational study
- (b) Study population: Cases admitted in the Department of Surgery, Stanley medical college, Chennai .
- (c) Inclusion criteria: Age 18 to 70 years

Diagnosis on admission

- (d) Exclusion criteria: Morbidly ill patients

Patients not willing to participate in study

- (e) Subject withdrawal: patients who went against medical advice without any treatment.
- (f) Period of study: one year (dec2013 - dec2014)

- (g) Study methods: Clinical examination, biochemical, radiological and other investigations, observations during surgery and their follow up are methods used in this study.

The diagnosis is established by the admitting surgeon based on clinical picture and supported by radiological evidence (ultrasonogram, plain abdominal radiograph together with contrast studies if indicated) and confirmed during operation.

Operative details shall include the cause of obstruction, presence or absence of strangulation and nature of operation performed.

Post operative morbidity is defined in terms of the duration of hospital stay and associated complications following surgery. The observer will be present for 50 cases through out the initial evaluation, resuscitation and surgical procedure, information of the cases will be obtained from case records also.

- Identification particulars viz., Name, Age, Sex, IP No. etc.
- Clinical features and abdominal findings.
- Radiological findings and contrast studies
- Time of surgery after admission.
- Operative findings.
- Procedure done.
- Postoperative complications.
- Follow up.

Patients will be followed up till the time of their discharge from hospital and two Months following surgery.

Sample size:

The study will be carried out in approximately fifty subjects who are selected from In patient in department of general Surgery.

STATISTICAL METHODS :

The data analyses will be made statistically using Chi square test to find the incidence ,clinical presentation and etiology of intestinal obstruction and using Microsoft excel software to arrive at the conclusion regarding the objective of the study.

COLLOBORATIVE DEPARTMENTS

The study will be done with the help of Department of Biochemistry ,pathology and microbiology for various biochemical parameters & Radiology.

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